

## 1.8 TRANSITIONAL MEDICAID (TM)

**NOTE:** Eligibility is based on income, assets and deprivation of parental support of the AFDC Medicaid Coverage Group. See Section 16.5,C for the eligibility requirements that must be met.

There is no application procedure for this coverage group, instead the Worker is expected to evaluate all AG's which become ineligible for AFDC Medicaid due to hours of employment, amount of employment income or loss of the \$30 + 1/3 disregard.

Although there is no formal redetermination process for TM cases, recipients must comply with the requirements for Phase I recipients found in Chapter 16, to qualify for Phase II coverage.

A new medical card is received on approximately the first of each month.

Phase I coverage ends on the last day of the sixth month of the Phase I period, or on the last day of the effective month of closure, whichever occurs first.

Phase II coverage ends on the last day of the sixth month of the Phase II period, or on the last day of the effective month of closure, whichever occurs first.

When TM coverage terminates for any reason, all AG members must be evaluated for coverage under all other Medicaid coverage groups.